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UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY

IN RE:

JON AND ELENA CASSILL

Debtors

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEW JERSEY

CHAPTER 13

CASE NO. 17-29310

OPPOSITION TO LOSS MITIGATION

I, Donna Porcaro, of full age, hereby certify:

1. I am an assistant secretary and vice president of Kearny Bank. Since 2013, I have been employed within the special assets department of Kearny Bank, where I have direct responsibility for the monitoring and collection of delinquent mortgage loans.

2. I have reviewed the Certification in Support of Loss Mitigation Participation filed by the debtors, Elena and Jon Cassill. The Debtors' assertions as regards Kearny Bank are not true.

3. The Debtors have not applied for a loan modification with Kearny Bank. No documents have been lost, nor have any documents not been reviewed in a timely

fashion.

4. Kearny Bank is willing to consider modification of the Debtors' loan upon receipt of the following information: hardship letter, last two years' tax returns, completed Personal Financial Statement and Authorization to Release Information, a true copy of which is annexed hereto as Exhibit A. In addition, the Debtors must produce copies of their last two months' personal bank statements and copies of their last two months' pay stubs.

5. Once the required information is provided, Kearny Bank will provide a response within 30 days.

6. Kearny Bank objects to participation in the Loss Mitigation Program as Imposing unnecessary costs and inefficiencies.

I hereby certify, under penalty of perjury, that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.



DONNA PORCARO, V.P.

Dated: February 9, 2018

Exhibit A



AUTHORIZATION TO RELEASE INFORMATION

To Whom it May Concern:

1. I/We have applied for a Mortgage Loan from Kearny Bank. As part of the application process, Kearny Bank may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide Kearny Bank any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances and credit history. Kearny Bank may address this authorization to any party named in the loan application.
3. A COPY OF THIS AUTHORIZATION MAY BE ACCEPTED AS AN ORIGINAL.

BORROWER'S NAME (PLEASE PRINT)

DATE

BORROWER'S SIGNATURE

SOCIAL SECURITY NUMBER

CO-BORROWER'S NAME (PLEASE PRINT)

DATE

CO-BORROWER'S SIGNATURE

SOCIAL SECURITY NUMBER

**KEARNY BANK
PERSONAL FINANCIAL STATEMENT**

As of _____, 20____

Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Name of Business _____

ASSETS (omit cents)		LIABILITIES (omit cents)	
Cash on hands & in Banks.....	\$ _____	Accounts Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others.....	\$ _____
IRA or Other Retirement Accounts.....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivables.....	\$ _____	Installment Account (Auto).....	\$ _____
Life Insurance-Cash Surrender Value Only.....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other).....	\$ _____
Stocks and Bonds.....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance.....	\$ _____
Real Estate.....	\$ _____	Mortgages on Real Estate.....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value.....	\$ _____	Unpaid Taxes.....	\$ _____
Other Personal Property.....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities.....	\$ _____
Other Assets.....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities.....	\$ _____
Total	\$ _____	Net Worth.....	\$ _____
		Total	\$ _____

Section 1. Source of Income

Salary.....\$ _____
 Net Investment Income.....\$ _____
 Real Estate Income.....\$ _____
 Other Income (Describe below*).....\$ _____

Contingent Liabilities

As Endorser or Co-Maker.....\$ _____
 Legal Claims & Judgments.....\$ _____
 Provision for Federal Income Tax.....\$ _____
 Other Special Debt.....\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes or Other Debts (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral

Section 3. Stocks/Bonds/Securities					
Number of Shares	Name of Securities	Cost	Market Value Quotation	Date of Quotation	Total Value

Section 4. Real Estate (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month			
Status of Mortgage			

Section 5. Other Property (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)	

Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches)	

Section 7. Other Liabilities (Describe in detail)	

Section 8. Life Insurance Held (Give face amount and cash surrender value of policies-name of insurance company and beneficiaries)	

I authorize Kearny Bank to make inquiries as necessary to verify the accuracy of the statements made to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001)		
Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number: